



CITY OF ALEXANDRIA

JUL 19 2013

# Statement of Organization CANDIDATE COMMITTEE

\*Please read instructions before completing this form.

Type of Statement					
<b>VOTER REGISTRATION</b> <b>ELECTORAL BOARD</b> NEW	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
This committee is registering with the Virginia State Board of Elections for the first time.	<table border="1"> <tr> <td>Date Changes Took Effect</td> <td>SBE-issued Committee ID</td> </tr> <tr> <td>07/10/2013</td> <td>CC-12-00241</td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID	07/10/2013	CC-12-00241
Date Changes Took Effect	SBE-issued Committee ID				
07/10/2013	CC-12-00241				
Committee Information					
Committee Information	<b>Friends of Karen A. Graf</b> Name of Candidate Campaign Committee <b>2714 Hickory Street</b> Street Address/PO Box Suite # <b>Alexandria VA 22305</b> City State Zip Code <b>graf4schoolboard@gmail.com 703-907-9321</b> Email Address Daytime Phone # <b>graf4schoolboard.wordpress.com</b> Campaign Website				
	Candidate Information				
	Candidate Information	<b>Graf Karen A.</b> Salutation Last Name First Name Middle Name Suffix <b>2714 Hickory Street</b> Residence Address Apt # <b>Alexandria VA 22305</b> City State Zip Code <b>ALEXANDRIA CITY 919811484</b> County or City of Residence Voter Identification # <b>graf4schoolboard@gmail.com 703-907-9321</b> Email Address Daytime Phone # <input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.			
		Election Information			
		Election Information	<b>School Board District A Election - District A</b> Office Sought District (if one) <b>Independent 2015</b> <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Political Party Year of Election Type of Election		



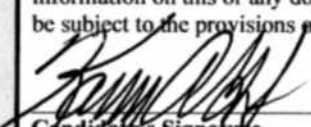
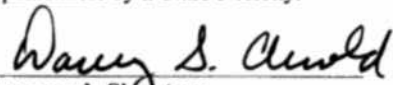
## Statement of Organization CANDIDATE COMMITTEE

Treasurer Information				
<b>Treasurer Information</b>	<b>Mrs.</b>	<b>Arnold</b>	<b>Darcey</b>	<b>Singer</b>
	<b>Salutation</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b> <b>Suffix</b>
	<b>2936 Hickory Street</b>			
	<b>Residence Address</b>		<b>Apt #</b>	
	<b>Alexandria</b>		<b>VA</b>	<b>22305</b>
	<b>City</b>		<b>State</b>	<b>Zip Code</b>
	<b>ALEXANDRIA CITY</b>		<b>711022368</b>	
	<b>County or City of Residence</b>		<b>Voter Identification #</b>	
<b>graftreasurer@gmail.com</b>		<b>703-629-6403</b>		
<b>Email Address</b>		<b>Daytime Phone #</b>		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
<b>Chain Bridge Bank, NA</b>				
<b>Name of Primary Financial Institution</b>			<b>Name of Other Financial Institution (if applicable)</b>	
<b>McLean                                      VA</b>				
<b>City</b>		<b>State</b>	<b>City</b> <b>State</b>	
<b>McLean</b>		<b>VA</b>		
Committee Activity				
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		<u>03/11/2012</u>	
	Date first expenditure made:		<u>03/24/2012</u>	
	Date campaign depository designated:		_____	
	Date filing fee paid for party nomination:		_____	
	Date Statement of Qualification filed:		_____	
	Date treasurer appointed:		_____	

(continued on next page)



## Statement of Organization CANDIDATE COMMITTEE

Filing Method	
<b>Filing Method</b>	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using <b>SBE's Electronic Filing Application</b>.</p> <p><input type="checkbox"/> File electronically using an <b>SBE Approved Vendor</b> (Please indicate Name of Vendor: ) _____</p> <p><input type="checkbox"/> File paper reports.</p> <p>_____ <b>Signature</b></p> <p>_____ <b>Date</b></p>
Signatures	
<b>Candidate's Signature</b>	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p> _____ <b>Candidate's Signature</b></p> <p><u>7/18/13</u> <b>Date</b></p>
<b>Treasurer's Signature</b>	<p><b>I accept the appointment of Treasurer of this campaign committee.</b> I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p> _____ <b>Treasurer's Signature</b></p> <p><u>7/18/13</u> <b>Date</b></p>